

RECEIVED
CENTRAL FAX CENTER
NOV 16 2007

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)																								
FY 2007		42P17667																								
<i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>																										
<div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> In re Application of Neil J. Bershad, et al. </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <table style="width:100%;"> <tr> <td style="width:50%;">Application Number</td> <td style="width:50%;">Filed</td> </tr> <tr> <td style="text-align: center;">10/749,987</td> <td style="text-align: center;">12/31/2003</td> </tr> </table> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> For DUAL ADAPTIVE FILTER APPARATUS AND METHOD </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <table style="width:100%;"> <tr> <td style="width:50%;">Art Unit</td> <td style="width:50%;">Examiner</td> </tr> <tr> <td style="text-align: center;">2611</td> <td style="text-align: center;">Phuong M. Phu</td> </tr> </table> </div>		Application Number	Filed	10/749,987	12/31/2003	Art Unit	Examiner	2611	Phuong M. Phu																	
Application Number	Filed																									
10/749,987	12/31/2003																									
Art Unit	Examiner																									
2611	Phuong M. Phu																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a Response to Office Action in the above identified application.</p> <p>The requested extension and fees are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;"></th> <th style="width:20%; text-align: center;"><u>Fee</u></th> <th style="width:20%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width:20%;"></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One Month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: center;">\$120.00</td> </tr> <tr> <td><input type="checkbox"/> Two Months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$450</td> <td style="text-align: center;">\$225</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Three Months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1020</td> <td style="text-align: center;">\$510</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Four Months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1590</td> <td style="text-align: center;">\$795</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Five Months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2160</td> <td style="text-align: center;">\$1080</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 11/19/2007 PLUMP 00000005 022666 10749987</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed. 01 FC:1251 120.00 DA</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account Number <u>02-2666</u>. I have enclosed a duplicate copy of the Fee Transmittal.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.</p> <p style="margin-left: 80px;">Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>48,011</u>.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a).</p> <p style="margin-left: 80px;">Registration number if acting under 37 CFR 1.34(a) <u>48,011</u>.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">November 16, 2007</p> <p style="text-align: center;">Date</p> <p style="text-align: center;">(303) 740-1980</p> <p style="text-align: center;">Telephone Number</p> </div> <div style="width: 45%; text-align: center;"> <p>Signature</p> <p>Brent E. Vecchia</p> <p>Typed or printed name</p> </div> </div> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>				<u>Fee</u>	<u>Small Entity Fee</u>		<input checked="" type="checkbox"/> One Month (37 CFR 1.17(a)(1))	\$120	\$60	\$120.00	<input type="checkbox"/> Two Months (37 CFR 1.17(a)(2))	\$450	\$225	_____	<input type="checkbox"/> Three Months (37 CFR 1.17(a)(3))	\$1020	\$510	_____	<input type="checkbox"/> Four Months (37 CFR 1.17(a)(4))	\$1590	\$795	_____	<input type="checkbox"/> Five Months (37 CFR 1.17(a)(5))	\$2160	\$1080	_____
	<u>Fee</u>	<u>Small Entity Fee</u>																								
<input checked="" type="checkbox"/> One Month (37 CFR 1.17(a)(1))	\$120	\$60	\$120.00																							
<input type="checkbox"/> Two Months (37 CFR 1.17(a)(2))	\$450	\$225	_____																							
<input type="checkbox"/> Three Months (37 CFR 1.17(a)(3))	\$1020	\$510	_____																							
<input type="checkbox"/> Four Months (37 CFR 1.17(a)(4))	\$1590	\$795	_____																							
<input type="checkbox"/> Five Months (37 CFR 1.17(a)(5))	\$2160	\$1080	_____																							

Based on PTO/SB/22 (10-07) as modified by Blakey, Solokoff, Taylor & Zalman (wtr) 10/23/2007.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450